

CITY OF LA CAÑADA FLINTRIDGE

APPLICATION FOR COMMISSION SERVICE

Date: _____

Commission. Indicate the name of the Commission on which you wish to serve:

* * *

Your Name

Address

Telephone (Daytime) _____ (Evening)

How long have you lived in the community?

* * *

Questions. Please answer each question in the space indicated. (Please attach a separate sheet if additional space is needed).

Please describe your activities in the community – in La Cañada Flintridge and elsewhere:

Please describe your expertise in relationship to the Commission for which you are applying:

Please describe any specialized knowledge you may have which would be relevant as a Commission member:

Describe your time constraints and availability – days, evenings, weekends, frequent and/or extended absences from town that would interfere with attendance at Commission meetings:

Please describe your perception of the community and what you would like to see accomplished by the City's Commissions:

Itemize financial and organizational relationships which could pose potential conflicts of interest while serving as a Commission member:

Please make any other comments concerning your qualifications or which you believe will be helpful to the Council in making their selection:
